Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

All Provider Bulletin 413

DATE: November 2025

TO: All Providers Participating in MassHealth

FROM: Mike Levine, Undersecretary for MassHealth

RE: **Interoperability - Prior Authorization Process Changes for the MassHealth Medical Benefit**

Background

On January 17, 2024, the Centers for Medicare & Medicaid Services (CMS) issued the Advancing Interoperability and Improving Prior Authorization Processes final rule. This rule requires MassHealth to process prior authorization requests under the medical benefit within seven calendar days, and expedited prior authorization requests within 72 hours, effective January 1, 2026. In instances when prior authorization requests are deferred (for example, due to incomplete or missing documentation), the timeframe for review may be extended by up to 14 days from the date of the deferral. Metrics about processed prior authorizations must also be made available on a public website annually, effective March 31, 2026. These timelines and public reporting requirements apply to prior authorizations for medical items and services only.

Pending promulgation of conforming amendments to 130 CMR 450.000 and applicable program-specific regulations, the prior authorization timelines and related processes set forth in this bulletin apply and control, except with respect to pharmacy services. For pharmacy services, existing requirements under 130 CMR 450.303(A)(1) continue to apply.

Information related to MassHealth's adoption of the Advancing Interoperability and Improving Prior Authorization Processes final rule can be found on MassHealth's Implementation of Interoperability and Prior Authorization Requirements web page.

Important Information About Prior Authorizations

Effective January 1, 2026, MassHealth will adjudicate standard prior authorization requests within seven calendar days from the date received, provided all necessary documentation is included. This includes all relevant member information about the member, clinical attachments, and any additional notes required to demonstrate compliance with the prior authorization submission standards. For detailed submission requirements, please refer to the applicable provider manual.

In instances when prior authorization requests are deferred (for example, due to incomplete or missing documentation), the timeframe for review may be extended by up to 14 days from the date of the deferral. Program vendors will be updating deferral notifications to providers to reflect these revised timeframes.

MassHealth will review expedited prior authorization requests within 72 hours when the member's clinical condition requires urgent attention and a delay in processing could negatively affect health outcomes. These conditions will be evaluated on a case-by-case basis. If the request does not meet the criteria for expedited review, it will be processed as a standard request and follow standard review processes, including the deferral process, as applicable.

Please note that changes to the date of a scheduled procedure, or the sudden availability of clinical services, do not qualify as reasons for an expedited prior authorization. Expedited review is only for urgent cases where a delay could cause serious harm. It is not for convenience, preference, or routine care.

As applicable, these updates apply to provider types subject to prior authorization requirements.

System Modifications

MassHealth is updating its Medicaid Management Information System (MMIS) Provider Online Service Center (POSC) to allow providers to select the option to request an expedited prior authorization.

Updates to both the POSC and Long Term Services and Supports (LTSS) Provider portals include a shortened deferral turnaround time, from 21 days to 14 days. It will be important for providers to submit all necessary, accurate, and complete documentation upon submission of a prior authorization to avoid deferrals.

If a prior authorization is deferred, a provider should work quickly to resolve the reason for the deferral within 14 days by submitting any necessary documentation requested.

Providers are reminded that they are responsible to regularly check the status of their prior authorization requests.

Metrics Reporting

Effective March 31, 2026, MassHealth will post prior authorization metrics to Mass.gov. The metrics will be updated on an annual basis. The following aggregated prior authorization metrics for all items and services will be available.

- A list of all items and services that require prior authorization
- The percentage of standard prior authorization requests that were approved
- The percentage of standard prior authorization requests that were denied
- The percentage of standard prior authorization requests that were approved after appeal
- The percentage of prior authorization requests for which the timeframe for review was extended (due to a deferral), and the request was subsequently approved
- The percentage of expedited prior authorization requests that were approved
- The percentage of expedited prior authorization requests that were denied

- The average and median time that elapsed between the submission of a request and a determination by the payer for standard prior authorizations
- The average and median time that elapsed between the submission of a request and a decision by the payer for expedited prior authorizations

Information Sessions

MassHealth will conduct a series of information sessions in December 2025 to provide an overview of the upcoming changes to the prior authorization processes and MMIS POSC updates. MassHealth providers impacted by these changes are encouraged to participate. Please continue to monitor MassHealth communications for information about these sessions.

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MassHealth Website

This bulletin is available on the MassHealth Provider Bulletins web page.

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Questions?

If you have questions about the information in this bulletin, please contact:

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